

THE HAMPTDEN HIPPOCRAT

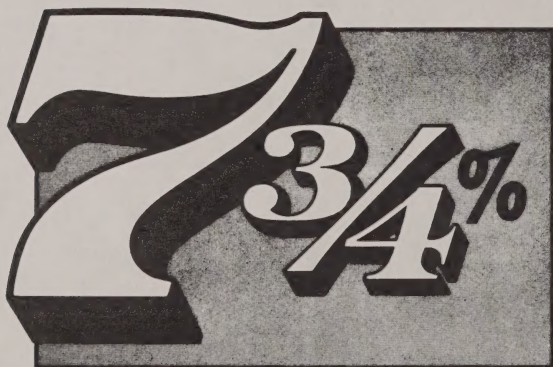
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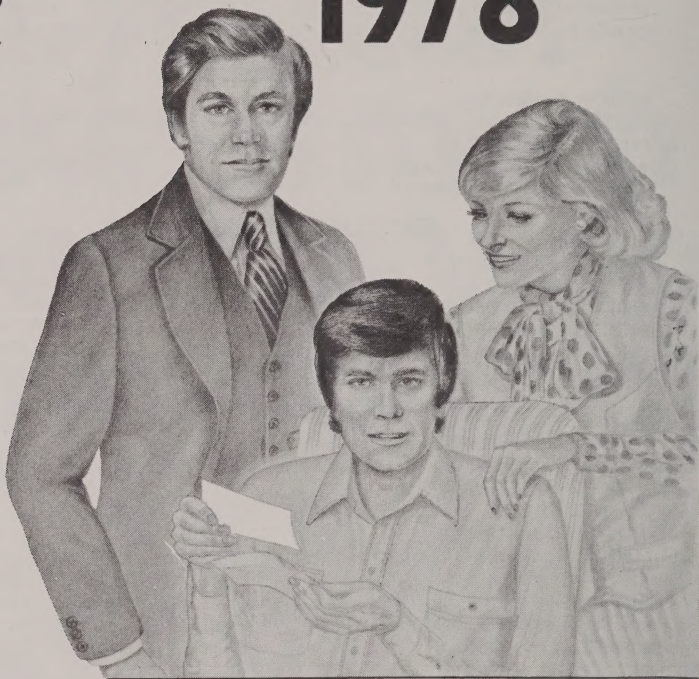
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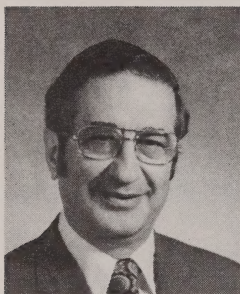
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

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PRESIDENT'S PAGE

The Bringing of a Law

Legislation or Legis + Lationem means the bringing of a law. The Legislature, whether it resides in Washington or Boston, is actively engaged in making laws which will effect, incrementally, the means and modes of health care delivery. No professional in the health care field can escape the effects, today or tomorrow.

If the aforementioned is an accurate appraisal of reality then why are health care professionals so little involved in the process of legislation? We, the people, are a part of that process whether we recognize it or not. Members of the Legislature are elected to sit in the august Halls of State as our representatives, whatever their titles. They look to their electorate for guidance.

In a democracy laws can only be enacted with wisdom and grace with guidance from the people. It congeals logic and passion to think otherwise.

Physicians know the principles of delivery of excellent health care. We know the importance of patient privacy, and the patient-physician relationship. To enact laws without attention to underlying principles is to enact tyranny upon the people. Tyranny will descend upon the health care professionals and our patients because of apathy. We can and must mobilize our patients and our profession to lobby for effective legislation, and to lobby against the New Bureaucracy.

If we fail to inform legislators of these deep concerns whom will history fault when history's judgement is made? ☐

ROCCO A. VERRILLI, M.D.

Editorial...

OF CREDITS AND DEBITS

It must be obvious to all physicians, even the most obtuse, that, like it or not, we are all involved in politics. Witness the ever growing number of bills introduced each year into the Congress of the United States and the state legislatures which directly, indirectly, or even tangentially would tend to influence the practice of medicine. Some become the "law of the land", and fortunately many do not. Some are good; some are bad. Some are slanted toward vested interests, and some are sincerely presented as "reforms" for the common good. Who considers these bills, and who makes them into laws? There are those who would say **politicians**. There are those who would say legislators duly elected through a democratic process and consisting of a cross-section of the American public. Although heavily weighted with members of the legal profession, one can indeed find amongst the lot a great variance in the social gradient that makes up our present day society. Moreover, these legislators must make decisions that require broad and deep understanding of matters whose spectrum entails the many and varied problems of our complex, conflicting society. Not even the wisdom of Solomon could even begin to cope therewith. How then do these legislators make decisions?

DECISION MAKING

Decisions are made not on the merits of the issue alone but also on such factors as the party's position, the voting constituents' position, the publicity potential of the issue, the "cutting taxes" appeal, the personal vested interest, the position of various influencing groups, and the trade-ability of the stand taken. The last is what makes for one of the foremost principles of the art of politics. To quote: "Politics is a game of credits and debits, and the successful politician is the one who, at any given moment has more credits than debits." To put it another way, he who renders more favors than he receives is more apt to be successful because obligations can be cashed in hopefully at one's pleasure.

THE IMPLICATIONS

Curiously this principle is not unique to the art of politics alone; it is pursued in almost any and all walks of life. If this be so, then we are all - individually and collectively - politicians to a greater or lesser degree. Even the "Holier than thou" purists who would decry politics as being a dirty game are not above using the same ploy with varying degrees of gentility, coyness, and an air of sans reproche. Let's be honest, realistic, and practical! We are all politicians in that we all play the game of credits and debits. Our legislators are practical realists, and we physicians must also be so.

BUILDING UP

If we physicians are to build up our credit balance with our legislators so that we can fare better in legislative justings, then we must change our ways by working for and with our legislators as well as opening our pocketbooks. We must not pontificate to nor be contemptuous of politicians, for these actions merely antagonize. We should cultivate our legislators individually and in groups on their grounds as well as ours. Praise and kudos with appropriate publicity

must be granted for deeds well done whether for our or the common good. Assistance in the form of garnering campaign funds and working during the campaign for our chosen candidate must be rendered. The personal touch rather than the impersonal must always take precedence. Legislators ignore the impersonal and have their own "hangups" on canned "throw aways" even as physicians do. Personal physicians of legislators can be of great influence. Someone once said: "The most powerful lobby in the world could be organized around the personal physicians of the legislators of our country." This has not taken place and hopefully never will for it verges on the unethical. Lastly, physicians must shed the cloak of seemingly always being identified with "hold the line" positions, being against something or other, and being part of a "discordant claue of competing vested interests." Surely, physicians can be progressive, for something, and positive even if it is outside of the field of medical practice.

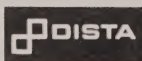
We physicians can dally no longer in building up our credit balance with our legislators - individually and collectively. We are all politicians! We are all in politics! Let's all get involved and join AMPAC and BAYPAC for openers.

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TRENDS IN STATE HEALTH LEGISLATION

At the National Leadership Conference held recently in Chicago one seminar was called "Trends in State Health Legislation." Some interesting facts on state legislation were discussed and distributed. Usually in the March issue of the Hampden Hippocrat, the State Legislative proposed bills are printed for your information with the decisions of the MMS Legislative Committee as to how the MMS will lobby. Due to the blizzard of '78 the Legislative meeting has not been held and we hope to print the bills in the April issue. Therefore, the following facts from the AMA leadership are printed for your information. ☐

NURSE PRACTITIONERS

Expanded Scope of Practice

In the past few years a majority of states have amended their respective nurse practice acts expanding the scope of duties a nurse or nurse practitioner may perform in providing patient care. In most of these states nurses may only engage in such additional medical activities as may be jointly approved by the state board of nursing and the state medical board. However, there are presently 12 states which prohibit nurses or nurse practitioners from making medical diagnoses and prescribing treatment.

Massachusetts law defines "professional nursing" to mean "the performance for compensation of any of those services in observing and caring for the ill, injured or infirm, in applying counsel and procedures to safeguard life and health, in administering treatment or medication prescribed by a physician or dentist, or in teaching or supervising others, which are commonly performed by registered nurses and which require specialized knowledge and skill such as are taught and acquired under the established curriculum in a school for nurses duly approved in accordance with this chapter."

The definition is further expanded to include "such additional acts by a nurse with appropriate education as are approved by the board and the board of registration and discipline in medicine in rules and regulations which shall be promulgated and implemented by the board, or which are generally recognized by the nursing and medical professions as proper to be performed by a professional nurse with appropriate education." (Chapter 112, § 80B, Massachusetts General Laws) ☐

PHYSICIAN ASSISTANTS

EXPANDED SCOPE OF PRACTICE

The subject of physician assistants continues to be an active issue in a number of state legislatures. Statutes enacted in Louisiana and Indiana this year bring to 42 the number of states which have enacted legislation pertaining to physician assistants. In a number of these states legislation has been enacted within the last few years clarifying and expanding the scope of practice of physician assistants.

As the roles of other allied health occupations in health care delivery have expanded, so too has the role of the physician assistant. This expansion is most evident relative to the direct employment of PAs by health care facilities and medication prescription By PAs.

Many physician assistant statutes do not expressly address the issues of whether PAs may be employed by hospitals or whether PAs may prescribe or administer drugs. The following summary will focus on those states which we are aware have addressed these issues either by statute or regulation.

1. Direct Employment by Health Facilities

Statutes in a number of states permit health facilities and/or governmental agencies to directly employ physician assistants. In all such cases, however, the assistant is nonetheless required to be under the supervision of a physician within the facility.

The AMA opposes the direct employment of physician assistants by health care facilities and full-time salaried hospital associated physicians. The AMA believes, however that physician assistants may practice in hospitals where the employing physician has privileges if the application of the assistant is processed on an individual basis through the appropriate credentialing committee of the medical staff and the employing physician supervises the activities of his assistant. Especially for physician assistants functioning at the more judgmental levels, a direct employer-employee relationship between a physician and a physician assistant is essential to insure optimum patient care.

The Illinois statute permits physician assistants to be employed directly by the State Department of Health and Developmental Disabilities.

States which permit direct employment of physician assistants by health care facilities and/or governmental agencies are:

- | | |
|------------------|-------------------|
| 1. California | 6. New Mexico |
| 2. Georgia | 7. New York |
| 3. Illinois | 8. Oregon |
| 4. Maryland | 9. Rhode Island |
| 5. Massachusetts | 10. Virginia |
| | 11. West Virginia |

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II. Prescription of Medication by Physician Assistants

Statutes in a few states specifically permit physician assistants to prescribe medication for patients of the supervising physician. The assistant, however, may prescribe only under the control or supervision of the physician, and the employer-physician is still responsible for the acts of his assistant.

A recent **California** statute establishes a pilot project permitting the prescription, dispensing and administering of drugs or devices by registered nurses, physician assistants and pharmacists' under the general supervision of a licensed physician.

A **Nevada** statute provides that:

A physician assistant may, if authorized by the board, possess, administer or dispense controlled substances, poisons, dangerous drugs or devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the physician assistant's certificate as issued by the board.

States which permit physician assistants to prescribe medication include:

- | | |
|---------------|-------------------|
| 1. Arizona | 6. Montana |
| 2. California | 7. Nevada |
| 3. Florida | 8. New York |
| 4. Maine | 9. North Carolina |
| 5. Michigan | 10. South Dakota |
| | 11. Washington |

Several states either expressly or by implication appear to prohibit physician assistants from prescribing medication. For example, in **Georgia** and **Idaho** physician assistants are prohibited from practicing pharmacy. In **Illinois** and **Virginia** physician assistants may not use independent judgment in the diagnosis and treatment of patients. Physician assistants in **Indiana**, **Louisiana**, **Texas** and **West Virginia** are expressly prohibited by statute from prescribing medication. Regulations issued by boards of medical examiners in **Maryland** and **South Carolina** prohibit prescription of drugs by PAs. Statutes in the remaining states are silent on this issue. ☐

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CONTINUING MEDICAL EDUCATION

Continuing medical education (CME) has been a very active issue in the state legislatures during the past few years. Prior to 1975 no state had enacted a "mandatory" CME law requiring physicians to attend continuing medical education courses as a condition of continued licensure in the state. Four states (Kansas, Kentucky, Maryland and New Mexico) had enacted "permissive" laws, which granted the state board of medical examiners discretionary authority to require CME. Maryland and New Mexico have issued regulations providing for CME.

At the present time there are statutes in twenty-one states which either mandate CME for physicians or which allow the State Board of Medical Examiners discretionary authority to mandate CME. Nearly every one of these statutes which has been enacted in the years from 1975 on has been enacted as either an actual part of or as an understood "quid pro quo" for medical malpractice legislation. The Wisconsin statute requires CME of only those physicians who want the protection afforded by the medical malpractice statute.

Of the twenty-one states which have enacted legislation on the subject of continuing medical education, fourteen (Alaska, Arizona, California, Colorado, Hawaii, Illinois, Iowa, Kansas, Michigan, New Hampshire, New Mexico, Ohio, Rhode Island and Wisconsin) have enacted legislation mandating CME for physicians. Kansas and New Mexico have recently amended their previously "permissive" statutes to make CME for physicians mandatory.

There are seven states (Arkansas, Kentucky, Maryland, Minnesota, Nebraska, Utah and Washington) which authorize (but do not mandate) state medical boards to issue regulations to require continuing medical education by physicians.

In Pennsylvania the Department of Insurance has issued regulations which require that all insured and self-insured physicians "subscribe to and actively participate in" a risk management program. Part of such program is compliance with the "continuing education requirements of the Pennsylvania Medical Society..." Since Pennsylvania requires malpractice insurance as a condition of practice, this CME requirement applies to all physicians practicing medicine in the state. The Massachusetts Board of Medical Examiners recently promulgated regulations mandating CME for physicians, although there is no statute mandating CME or specifically authorizing the Board to mandate CME.

AMA POSITION

The AMA House of Delegates adopted the following resolution at the Annal Meeting in 1975:

RESOLVED, That the American Medical Association adopt the position that the current licensure and certification practices by the medical profession are the best methods for insuring the highest quality of medical care through a free profession; and be it further.

RESOLVED, That the American Medical Association urge all medical organizations and institutions to promote professional advancement through continuing voluntary education. □

IN MEMORIAM

JOSEPH RINI, M.D.

Joseph Rini, M.D. died at Mercy Hospital on February 2, 1978.

Dr. Rini was a resident of West Springfield. He was Chief of Pathology at Mercy Hospital up to his retirement in 1977.

He was a graduate of Columbia University, Long Island College of Medicine. He was a member of the American Society of Clinical Pathologists, American College of Pathology, Springfield Academy of Medicine, American Medical Association, Massachusetts Medical Society and the Hampden District Medical Society.

The Hampden District Medical Society extends deepest sympathy to Mrs. Rini, his daughters and his many friends and associates.

AMA MODEL STATE LEGISLATION

Disabled Physician Act. This bill would provide for the restriction, suspension, or revocation of the license of any physician to practice medicine because of his inability to practice medicine with reasonable skill and safety to patients due to physical or mental illness or disability, including deterioration through the aging process or loss of motor skill, or abuse of drugs, including alcohol.

Confidentiality of Health Care Information Act. This bill would establish safeguards for maintaining the integrity of confidential health care information. The bill places reasonable restrictions upon third parties with respect to unauthorized access to, use of, and further distribution of confidential health care information. It requires a third party in limited circumstances to forward confidential health care information to a physician designated by the patient for review by that physician and discussion with and disclosure to the patient as appropriate.

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Medical Discipline - Bill A. This bill would require reporting to state boards by certain persons and entities of physicians who are, in the opinion of such persons and entities, unqualified because of "gross or repeated malpractice or professional incompetence", and for reporting by hospitals and professional societies of disciplinary measures taken against their members. This bill would provide for maintenance of records of disciplinary action, and transfer of records to appropriate entities, such as licensing authorities of other jurisdictions and hospitals within the same or other jurisdictions. It would provide immunity for those reporting to the Board or assisting the Board in its duties.

Medical Discipline - Bill B. This bill would grant state licensure boards authority to take disciplinary measures against physicians because of certain designated reasons, and creates a broad range of flexible disciplinary actions available to the board. It would also grant hospitals, upon recommendation of the hospital staff, the right to limit, suspend, or revoke a physician's staff privileges for reasons set forth in the bill, provided any such recommendations and actions are in accordance with JCAH standards. The bill also provides immunity for persons reporting to the board or assisting the board in its duties.

Comprehensive Health Education Act. This bill would require the formulation and implementation of sequential health education programs by all local school boards within the state. The bill creates a Health Education Advisory Committee composed of health care providers, educators and lay citizens to assist the Department of Education in establishing program guidelines and to provide assistance to local school boards in the preparation and implementation of their programs. The bill further provides that local school boards may submit their plans to the Department for approval. Upon approval, the Department shall authorize the distribution of funds for the program.

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Medical Peer Review Immunity and Nondiscoverability of Medical Peer Review Proceedings Act. This bill would provide immunity from civil and criminal liability to any person who provides information to a peer review committee in good faith, and to any person who is a member, employee or agent of a peer review committee for any act, decision, counsel or omission in the performance of his duties acting in good faith and without malice. The bill would further provide, that, except in a few instances, proceedings, records and findings of peer review committees, shall not be subject to discovery, and any person in attendance shall not testify as to any information acquired in the course of such proceeding, including any opinion, recommendation or evaluation of the committee or any of its members. The bill does not limit the power of a disciplinary board, which may otherwise be provided by law, to require submission of reports or records of a peer review committee to it.

Clinical Laboratory Billing Information. This bill would provide that any person who orders individual tests or test series from any independent or hospital-run clinical laboratory and who agrees with such clinical laboratory to make payments to the laboratory for individual tests or test series for patients shall disclose on the bills to patients or third-party payers the name of the laboratory, the amount or amounts charged by the laboratory for individual tests or test series, and the amount of his acquisition or processing charge, if any, for each test or test series.



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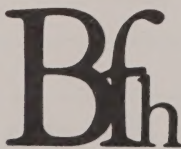
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Acupuncture Act. This bill would provide for the practice of acupuncture as an experimental medical procedure, to be performed only by licensed physicians or other persons (registered under the Act) who are acting under the direct supervision and responsibility of such licensed physician. Acupuncture would be subject to ongoing review and evaluation by medical authorities and would be regulated by the State Board of Medical Examiners.

Prohibition of Age Discrimination in Employment Practice. This bill would make it unlawful for an employer to refuse to hire or to discharge an individual or otherwise discriminate against an individual with respect to compensation, conditions, privileges or other terms of employment because of the individual's age. An employer would not be prohibited from taking actions based upon reasonable considerations other than age. Like the federal Age Discrimination in Employment Act of 1967 (P.L. 90-202), the model bill would only apply to those individuals who are at least forty years of age but, unlike the federal Act, the model bill does not contain a maximum age limitation.

To Prohibit Rebates for Referrals of Patients to Health Care Providers or to Certain Facilities. This model bill would make it unlawful and unprofessional conduct for a health care provider to request, receive or pay any form of commission or rebate merely for the referral of a patient to a provider or facility in connection with the provision of health care or clinical laboratory services. The bill would not proscribe the referring physician from billing for any professional services he provides prior to or subsequent to the referral. The bill is aimed at preventing any charging, rebates, etc. merely for the act of referral. The model bill would also make it unlawful for a provider to refer a patient to a clinical laboratory in which the provider has a proprietary interest unless he discloses his interest to the patient in writing.

An Act Concerning Fiscal Notes. This model bill would require the attachment of a fiscal note to all bills (except those making a direct appropriation) before any public hearing may be held or vote taken on such legislation. The fiscal note would contain a reliable estimate of the financial impact of the legislation on state and local government and on the private sector.



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CONFIDENTIALITY

SUMMARY OF AMA POSITION AND STATEMENTS

AMA POSITION

The AMA recently adopted two sets of resolutions concerning the subject of confidentiality of medical records.

RESOLVED That the American Medical Association reaffirm its position of support for patient protection against detailed demands for confidential medical data by development of a model medical information release form or forms if appropriate; and be it further.

RESOLVED That the AMA continue to insist on confidentiality for medical records and endorse only those authorizations for release of information which limit the disclosure of information to that which is clearly necessary and required for the purpose of the third party. (A-76)

RESOLVED That the American Medical Association strongly opposes the use of any system of universal identifiers including the Social Security number; and be it further

RESOLVED That a copy of this resolution be directed to all state medical associations, all Professional Standards Review Organizations, and the Department of Health, Education, and Welfare. (A-76)

Also, pursuant to previous policy adopted by the House of Delegates (C-73), the AMA has developed model state legislation concerning the Confidentiality of Health Care Records, and a summary of that model bill is attached.



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AMA STATEMENTS

1. **Privacy Protection Study Commission - June 10, 1976**

The AMA testified concerning the possible extension of the Privacy Act of 1974 to health care institutions and providers. Following are excerpts from that testimony:

"The confidential and private nature of communications between patient and physician is an essential element in the provision of the best treatment and care to the patient.

"It is this interest of the patient--the right to communicate in an uninhibited fashion with his physician with the knowledge that such communications will remain confidential--that generates the concern of the American Medical Association with legislation relating to confidentiality and privacy of the patient-physician relationship."

"In our opinion, misuse of confidential health care information has not been as a result of (primary) transfers of such information by physicians or other health care providers. Rather, the misuse has occurred after such information has been transferred to a person or entity whom the patient authorized to receive such information. There has been traditionally little, if any, restrictions against misuse of such information once it is in the possession of such "authorized" third parties."

"The Privacy Act allows for the establishment of a 'special procedure' for disclosure of medical records to an individual requesting his medical records from a federal agency. In implementation of this provision regulations have been issued by various federal agencies in such a fashion that would permit the transfer of such records either directly to the individual or to a person, including a non-physician, whom he designates. Correspondingly, then, the extension of the Privacy Act to the private health care sector would create a direct right of access to health care provider records, as well as a right of individuals to cause their records in the possession of private health care providers to be transferred to any person, including non-physicians, whom such individual might indicate. In our opinion this could result in numerous cases of inappropriate disclosure of medical information. For example, certain individuals upon seeing their medical records might decide to "treat" themselves; other individuals might be unable to cope with learning about a terminal illness; individuals with psychiatric problems could be seriously harmed by learning of information in their medical records. There is also the very real problem that medical information with complicated implications could be misleading or not informative without appropriate professional interpretation. These concerns about release of medical records directly to an individual are not at all resolved by the mechanism permitted under the Privacy Act and subsequent regulations which permit transfer of such records to a person designated by the individual to whom the records pertain." □

LAETRILE

Update on State Legislation

I. OVERVIEW

Statutes which permit the prescription and use of amygdalin (laetrile) by licensed physicians have been enacted in the following 12 states: **Alaska, Arizona, Delaware, Florida, Indiana, Louisiana, Nevada, New Hampshire, Oklahoma, Oregon, Texas and Washington.** The Alaska statute was enacted in 1976; the other statutes have been enacted thus far in 1977.

Of the states which have legalized the use of laetrile, seven [**Arizona, Delaware, Indiana, Louisiana, Nevada, Oregon and Texas**] specifically permit the manufacture of laetrile within the state. (Federal law prohibits the movement of laetrile in interstate commerce.) Each such statute provides for state regulation of the manufacture of laetrile within the state.

Nine states [**Alaska, Delaware, Florida, Indiana, Louisiana, Nevada, New Hampshire, Oklahoma and Washington**] specifically provide that physicians shall not be subject to disciplinary action for using or prescribing laetrile when it has been requested by the patient or when the patient consents to its use. The **Texas** law also provides that physicians shall not be subject to disciplinary action for prescribing or using laetrile but it does not mention anything about patient consent or request. The **Arizona** law does not specifically mention an exemption for physicians from disciplinary action for prescribing or using laetrile (although such action is no longer illegal under the statute). Written informed consent from a patient is required in **Florida, Indiana, Louisiana, Nevada and Oklahoma** before laetrile may be prescribed or administered.

The **Delaware** statute provides that "laetrile shall not be considered a medical drug, but shall be considered a natural food substance." The Delaware statute does not require a prescription, but provides that it "may be distributed or sold by any person, and no special license or prescription shall be required for the sale or distribution of such substances."

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II. AMA POSITION

At its June 1977 Annual Meeting, the American Medical Association House of Delegates adopted substitute Resolution 85 concerning laetrile:

RESOLVED, That it is the position of the American Medical Association that Laetrile is a substance which has no proven value as a drug.

The House of Delegates adopted the following comments in conjunction with its adoption of substitute Resolution 85:

- 1 That if Laetrile is made available by legislative edict, it may be as a substance rather than as a drug, and that the participation of a physician not be required.
- 2 That the American Medical Association reaffirm its support for the protection of the cancer patient through strict adherence to the Food and Drug Administration's established method of scientific testing, and further that it does not approve of any exception to such methods for any particular substance.
- 3 That the American Medical Association continue to state to all physicians in the country and the general public the lack of scientific evidence for the use of Laetrile in the treatment of cancer and to decry the use of ineffective medications in the treatment of disease.

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SYNERGY IN LEADERSHIP

6TH A.M.A. LEADERSHIP CONFERENCE

Standing forlornly in the O'Hare baggage terminal 36 hours after anticipated arrival, and 36 hours prior to glimpsing my luggage again, I wondered "Why Chicago in the middle of a blizzard, why not Furnace Creek in August?" The thought occurred, "Is it really worth it?"

As it turned out, it was worth it. The AMA amassed a considerable array of political, TV broadcasting and medical talent to put together its 6th AMA National Leadership Conference in Chicago on January 26th-29th.

The things which were said are a matter of record and an attempt to summarize would not do justice to the speeches but it might be in order to share a few personal thoughts and impressions which developed as I went from conference to conference.

1. The advocates of government sponsored national health are attempting to develop better rapport with the medical profession and appear to be altering their attitude, possibly for political reasons, that the physician is the bad guy in the health cost dilemma.

2. There appears to be a developing awareness, if there was not previously, that except for the inflated costs due to government red tape and the malpractice mess, the medical consumer, (patient to us) is getting his money's worth. In order for NHI to have any semblance of fiscal feasibility there is going to have to be a certain amount of rationing of elective medical care. The representative of the British Health System admitted that for some elective surgical procedures a four year wait is the rule.

3. Speeches may be made and bills may be proposed but there is little likelihood of any type of national health insurance until well after the 1980 election. Senator Schweiker said that this was a definite political reality due to the financial crunch which the latest Social Security Bill produced. He indicated that he felt that the Medical Profession had about three years to develop a workable alternative.

4. There was considerable discussion of the role of the profession vis a vis the news media. The press complained that physicians tended to be secretive and non-communicative about very newsworthy items. The profession complained that the press often distorted the meaning of what they were told by physicians. The consensus of the two groups was that they should seek each other out: the news media will not sandbag someone who is giving them good copy-the physician will not put his foot in his mouth when he becomes familiar with the workings of the press.

Finally, there was an air of optimism that the profession can do much to develop the future of the medical practice as we know it should be by avoiding negative attitudes and by going forth with a positive approach to the political, business, news, labor and most particularly the patient community. □

JOHN J. FLAHIVE, M.D.
President-Elect

EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, February 21, 1978 in the Conference Room of the HDMS. Present were Drs. Verrilli, Walthall, Stoddard, Magill, Remsberg, Flahive, Fitzpatrick, Dasco and Mrs. Purdy.

Dr. Verrilli called the meeting to order at 7:35 P.M.

Mr. McManus from the Massachusetts Mutual Insurance Company was present to give a report on the progress of the Hypertension Program being done on the employees of the insurance company. 96% of the employees participated. Some participants were reported as borderline and were recalled for follow up. A full re-check will be made in June. Mr. McManus asked if HDMS would like to join in the Hypertensive Program with the Massachusetts Mutual Insurance Company. Mr. McManus was thanked for his excellent report. The Committee suggested that this program be written up for the next Newsletter.

Correspondence

A letter was read from Mayor Dimauro asking for representation on a special Blue Ribbon Public Health Care Service Commission to study the reorganization of the Springfield Health Department and to study more effective and efficient ways to deliver primary care, prevention and health education service in the city. Dr. Alonzo Sheffield accepted the position and Mayor Dimauro will be so notified.

Ludlow Hospital sent a letter inviting physicians to use their will equipped operating room for eye surgery. This was informational.

Dr. Verrilli read a letter from Mr. Tesoro of Massachusetts Mutual Insurance Co. relative to the second opinion. Mr. Tesoro agreed that six weeks is too short a period to make a study of second opinion. They will keep in touch with the program and give HDMS reports.

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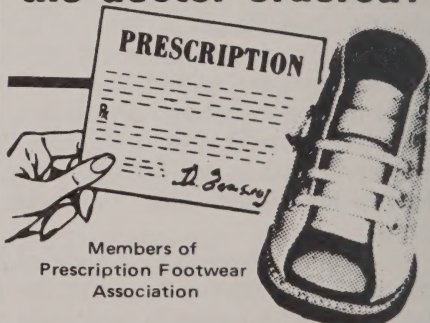
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Old Business

Dr. Flahive gave a report of the National Leadership Conference that he and Mrs. Purdy attended in Chicago.

Mrs Purdy gave a report of the meeting held with the Community Council on February 1st. The Hampden County Bar Association and the HDMS Medical Legal Committee will further study the approach of protective care for elderly citizens who are unable to accept services for their safety and well being. Dr. Boss, Chairman of that committee has been notified of the problem and further reports will be given after his committee has met.

Because of the blizzard on February 7th the district meeting was cancelled. In 1967 a similar situation occurred and the meeting was cancelled. It was proposed by Dr. Verrilli that the meeting and program scheduled on the Impaired Physician be held at the Annual Meeting which will be held on Tuesday, April 25, 1978. The committee approved this suggestion and the speakers will be contacted and the program planned.

Mrs. Purdy had mailed out her report on the Leadership Conference.

Dr. Stoddard indicated that he had requested that physicians fill out the Blue Shield questionnaire and return them to the MMS.

New Business

The Auxiliary to the HDMS asked Dr. Verrilli to present to the Executive Committee the problem they are having with suggestions that the Auxiliary cancel affiliation with the National Organization. Further investigation will be held to determine the advisability of this step. More information is needed as to the work of the Auxiliary on a national level.

Mrs. Purdy called the committee's attention to several items. A Health Testing Institute Mobile Unit for Postal workers will be at the Holiday Inn shortly to give physicals to postal workers.

An invitation from Dr. James Sammons, EVP of the AMA was read to the committee inviting a physician and/or the Executive to go to London, England to study the delivery of health care in England. The committee voted not to send anyone on this trip, and Dr. Sammons will be so notified.

Mrs. Purdy appealed for a donation of \$50.00 to the AAMSE for educational purposes. The committee voted in the affirmative.

The committee was urged by Mrs. Purdy to read and study the National Commission on the Cost of Medical Care and write opinions to Dr. Sammons, of the AMA.

Dr. Remsberg presented the budget for 1978-79. Several adjustments were made and the budget will be voted at the April meeting.

The meeting was adjourned at 9:45 P.M. □

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CORRESPONDENCE

To the Editors:

Do we really need the support of Mister DeBarger in the matter of abortion on demand (Hampden Hippocrat Jan. '78)? It was so very superficial. It failed to come to grips with the problem.

Surely as knowledgeable and highly educated professionals we need a more in-depth look at what is really involved. We need to consider seriously the humanity of the very beginning of life (the zygote) and the equality of all humans. Less than that is unworthy of us. ☐

Sincerely,

F.F. FORTIN, M.D.

YOUR COMMITTEE OF CHOICE

In order to insure the widest possible participation in the HDMS's affairs, I am inviting and urging members who have a particular interest to name the committee on which they would like to serve. Needless to say, the effectiveness of a committee is in direct proportion to the interest and concern of its members.

In the forefront of the HIPPOCRAT is a complete listing of the Society's committees. Simply by dropping a note or calling the HDMS office at 1414 State St., Springfield, Mass. 01109, your interest and preference will be given most serious consideration for appointment. You will be rendering a distinct service to your profession, your community, and your Society.

Committee work is the heart of any organization. I urge you to let us know where you wish to apply your talents and energies. ☐

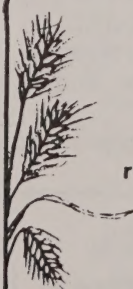
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AUXILIARY

IN MEMORIAM

META ELLIS

Meta Ellis died recently in a local nursing home. She was the first president of the Woman's Auxiliary to the Hampden District Medical Society. At that time Mrs. Ellis was the wife of James A. Seaman, M.D. Mrs. Ellis was elected president at the first meeting which was a luncheon at the Hotel Kimball on April 4, 1950. The auxiliary extends its sympathy to Mrs. Ellis' family.

ANNUAL MEETING

DATE Tuesday, April 25, 1978
TIME 11:00 A.M. Brunch and Fashion Show
 10:00 A.M. Installation of Officers
 10:30 A.M. Champagne
PLACE Longmeadow Country Club

Fashions by the Beverly Shop and Bloomingals
 Ann Bouras, president, Massachusetts Medical Society auxiliary, will assist with business meeting.

Elsie Caldarola, Chairman, Brunch
 Arlene Corsaro, Chairman, Fashion Show



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2. The Academy will not indicate its cosponsoring until the program is fully developed and approved by the Program Committee of the Springfield Academy of Medicine.
3. Complete attendance of all sessions will be required.
4. An evaluation and recommendation sheet for all sessions will be required.
5. The meetings will be of the highest standards and appropriate to the physician group in attendance.

TWO WAYS TO REMEMBER THE ACADEMY:

Tax Deductible Contributions: Physicians and dentists are reminded that contributions to the Springfield Academy of Medicine are tax deductible. The Academy has been preeminent in medical education in the Pioneer Valley for years. The Academy library is outstanding, with a depth in journals which is probably the best in New England west of Boston.

Sources of support for the Academy are limited. We would ask the medical and dental community in the Pioneer Valley to consider the Academy for tax free contributions.

Memorial Fund: A Memorial Fund was established in 1976 for the purchase of library text. Consider the Academy library when making memorial gifts.

MEMBERSHIP IN THE ACADEMY:

If you want to know more about the Academy; its function, the library, the CME sessions, or membership call Mrs. Lund at the Academy office, 734-5445, weekdays. Membership applications sent upon request. ☐

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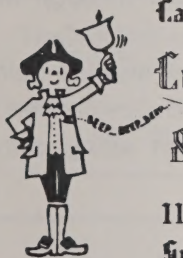
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- March 21** HDMS Executive Committee Meeting
- April 11** Springfield Academy of Medicine
"Newer Trends in Management of Liver Disease"
- April 18** HDMS Executive Committee Meeting
- April 25** HDMS Annual Meeting "The Impaired Physician"
- May 16** MMS Council Meeting
- May 23 - 24** MMS Annual Meeting
- June 6** HDMS Executive Committee Meeting
- June 17 - 22** AMA Annual Meeting, St. Louis, Missouri



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Before it flew, a tire blew right off the bloody wheel.
We sat around upon the ground with a compliment'ry meal - eal - eal
If you've time to spare, then go by air. That's just the way I feel.

Chorus:

So blow ye winds heigh-ho to a seminar I'll go
I'll stay no more on Chapin 4. No, not another day - ay - ay
I'm off on a morning flight. Or will it be at night.
I'm off to play at Mullet Bay ten thousand miles away.

Then from Tennessee in a great hurree came a second Capitol plane
But she was sick in her hydraulic and nothing did we gain.
Holiday begins at the Holiday Inns after waiting all day long - ong - ong
While the Superbowl brought self-control to a faint and weary throng.

Chorus:

So blow ye winds heigh-ho to a seminar I'll go
I'll stay no more on Chapin 4. No, not another day - ay - ay
I'm off on a morning flight. Or will it be at night.
I'm off to play at Mullet Bay ten thousand miles away.

We arose once more shortly after four and trooped back through the cold.

They'd worked all night but the plane's not right; they call another hold.
Then Mouchantat got mighty hot, called Washington, D.C. - ee - ee
While the rumors flew and the air turned blue, when along came Channel 3.

Chorus:

So calm ye winds right down. We still are on the ground.
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We raise an awful fuss. We'll even take a bus.
We cannot play at Mullet Bay ten thousand miles away.

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 This sudden change seems very strange. Suspicion's running high.
 So some stay home or go on alone. The speakers run away - ay - ay.
 But the hardy few, with a drink or two, are off to Mullet Bay.

Chorus:

So blow ye winds or not, a seminar we've got.
 Though misinformed, we're not forlorned. We're bloody from the fray -
 ay - ay
 That lovely morning flight arrived tomorrow night.
 We've earned our play at Mullet Bay ten thousand miles away.

Vin Guardione ran the CME in a manner very nice
 From HBP, cancer surgery, to the Brantley-Scott device.
 In the dark and gloom of a small back room, we learned more every day -
 ay - ay
 But the afternoon was a total ruin when we went out to play.

Chorus:

So blow ye winds heigh-ho. Gus caught the undertow.
 Paul Friedman fell in a mighty swell. Dick wrecked his left elbow-ow-
 ow.
 Then Demo 'most went blind and Ben burned his behind.
 La Samana Beach has lots to teach ten thousand miles away.

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